for the Southern District of Indiana

K.C., et al.)
Plaintiffs,)
vs.) Cause No: 1:23-cv-595
THE INDIVIDUAL MEMBERS OF THE INDIANA MEDICAL LICENSING BOARD,)
et al. Defendants.)

SUMMONS IN A CIVIL ACTION

TO:

The Individual Members of the Indiana Medical Licensing Board 402 W. Washington St. #W072 Indianapolis, IN 46204

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Kenneth J. Falk/ Gavin M. Rose/Stevie J. Pactor ACLU of Indiana 1031 E. Washington St. Indianapolis, IN 46202

CLERK OF COURT

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

	CEEIGI OI COORT	
Date:		
Date		
	Signature of Clerk or Deputy Clerk	

Civil Action Number: 1:23-cv-595

PROOF OF SERVICE

(this section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))

This summons for (name of individ	dual and title, if any)	
was received by me on (date)		
☐ I personally served the summons of	on the individual at (place)	
	on (date)	; or
☐ I left the summons at the individua	al's residence or usual place of abode wit	h (name)
	, a person of suitable age and	discretion who resides there
on (date), a	and mailed a copy to the individual's last	known address; or
☐ I served the summons on (name of	îndividual)	, who is
designated by law to accept service	e of process on behalf of (name of organi	ization)
	on (date)	; or
☐ I returned the summons unexecute	d because	; or
Other (specify):		
My fees are \$for travel an	d \$for services, for a t	cotal of \$
I declare under penalty of perjury that this	information is true.	
Date:	Camana Ciana at an	
	Server's Signature	
	Printed name and title	
	Server's address	

Additional information regarding attempted service, etc

for the Southern District of Indiana

K.C., et al.)	
Plaintiffs,)	
VS.)	Cause No: 1:23-cv-595
THE INDIVIDUAL MEMBERS OF THE INDIANA MEDICAL LICENSING BOARD,)	
et al. Defendants.)	

SUMMONS IN A CIVIL ACTION

TO: Executive Director
Indiana Professional Licensing Agency
402 W. Washington St. W072
Indianapolis, IN 46204

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Kenneth J. Falk/Gavin M. Rose/Stevie J. Pactor ACLU of Indiana 1031 E. Washington St. Indianapolis, IN 46202

CLERK OF COURT

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:	Signature of Clerk or Deputy Clerk

Civil Action Number: 1:23-cv-595

PROOF OF SERVICE

(this section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))

This summons for (name of indiv	vidual and title, if any)	
was received by me on (date)	·	
☐ I personally served the summons	s on the individual at (place)	
·	on (date)	; or
☐ I left the summons at the individ	ual's residence or usual place of abode wit	th (name)
	, a person of suitable age and	d discretion who resides there
on (date),	, and mailed a copy to the individual's las	t known address; or
☐ I served the summons on (name	of individual)	, who is
designated by law to accept serv	ice of process on behalf of (name of organ	ization)
	on (date)	; or
☐ I returned the summons unexecu	ted because	; or
Other (specify):		
My fees are \$for travel a	and \$for services, for a	total of \$
I declare under penalty of perjury that thi	is information is true.	
Date:	Server's Signature	
	Printed name and title	
	Server's address	

Additional information regarding attempted service, etc.

for the Southern District of Indiana

K.C., et al.)	
Plaintiffs,)	
VS.)	Cause No: 1:23-cv-595
THE INDIVIDUAL MEMBERS OF THE INDIANA MEDICAL LICENSING BOARD,)	
et al. Defendants.)	

SUMMONS IN A CIVIL ACTION

TO: The Attorney General of the State of Indiana IGCS-5th Floor 302 W. Washington St. Indianapolis, IN 46204

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Kenneth J. Falk/Gavin M. Rose/Stevie J. Pactor ACLU of Indiana 1031 E. Washington St. Indianapolis, IN 46202

CLERK OF COURT

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:	Signature of Clerk or Deputy Clerk

Civil Action Number: 1:23-cv-595

PROOF OF SERVICE

(this section should not be filed with the court unless required by Fed. R. Civ. P. 4(l))

This summons for (name of individual and title, if any)
was received by me on (date)
☐ I personally served the summons on the individual at (place)
on (date); or
☐ I left the summons at the individual's residence or usual place of abode with (name)
, a person of suitable age and discretion who resides there
on (date), and mailed a copy to the individual's last known address; or
I served the summons on (name of individual), who is
designated by law to accept service of process on behalf of (name of organization)
☐ I returned the summons unexecuted because; c
Other (specify):
My fees are \$for travel and \$for services, for a total of \$
I declare under penalty of perjury that this information is true.
Date:
Printed name and title
Server's address

Additional information regarding attempted service, etc.

for the Southern District of Indiana

K.C., et al.)	
Plaintiffs,)	
1 tuttiyis,)	
Vs.)	Cause No: 1:23-cv-595
THE INDIVIDUAL MEMBERS OF THE)	
INDIANA MEDICAL LICENSING BOARD,)	
et al.)	
Defendants.)	

SUMMONS IN A CIVIL ACTION

TO: Secretary Indiana Family and Social Services Administration 402 W. Washington St. MS 25 W461 **IGCS** Indianapolis, IN 46207

A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

> Kenneth J. Falk/Gavin M. Rose/Stevie J. Pactor ACLU of Indiana 1031 E. Washington St. Indianapolis, IN 46202

> > CLERK OF COURT

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date:		
	Signature of Clerk or Deputy Clerk	

Civil Action Number: 1:23-cv-595

PROOF OF SERVICE

(this section should not be filed	d with the court unless required by Fed. R. Civ. P. 4(l))
This summons for (name of individua	al and title, if any)
was received by me on (date)	·
☐ I personally served the summons on t	the individual at (place)
	on (date); or
☐ I left the summons at the individual's	residence or usual place of abode with (name)
	, a person of suitable age and discretion who resides there
on (date), and	d mailed a copy to the individual's last known address; or
☐ I served the summons on (name of inc	dividual), who i
designated by law to accept service o	f process on behalf of (name of organization)
☐ I returned the summons unexecuted b	pecause; o
Other (specify):	
My fees are \$for travel and \$	for services, for a total of \$
I declare under penalty of perjury that this inf	Formation is true.
Date:	
	Server's Signature
	Printed name and title
	Server's address

Additional information regarding attempted service, etc.